2003 FOR PROFIT CORPORATION

FILED Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000116554 **DOCUMENT #** 1. Entity Name 03-17-2003 90717 048 ***150.00 E2 ELECTRONICS INC. Principal Place of Business Mailing Address 11537 119TH TERRACE N. 11537 119TH TERRACE N. LARGO FL 33778 LARGO FL 33778 2. Principal Place of Business 3. Mailing Address 13941 89 44 13841 83 4 Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3760796 seminode seminode Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33776 -usa 33776 us A-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Chen CHEN, GUY 6 4y Street Address (P.O. Box Number is Not Acceptable) 11537 119TH TERRACE N. LARGO FL 33778 13941 Zip Code Seminale 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept 33776 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CHEN, GUY NAME. Chen Guy 13941 89 14 Ave N. NAME 11537 119TH TERRACE N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LARGO FL 33778** CITY-ST-ZIP seminole FL 33776 TITLE ☐ Delete TITLE Change 1 ☐ Addition NAME POST CHEN, GRETCHEN post chen NAME STREET ADDRESS 11537 119TH TERRACE N. STREET ADDRESS 13341 83 th AVD. N. CITY-ST-ZIP LARGO FL 33778 CITY_ST-ZIP _ . seminole fl 33776 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-7/P

2/18/03 (727) 595-4071

CR2Fn34 (10/02)